DATENT ADDI ICATION SES DEVEDMINATION SECON									Application or Docket Number					
PAZENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10806818						
CLAIMS AS FILED - PART I														
(Column 1) (Column 2)								TYPE			OR		R THAN ENTITY	
TOTAL CLAIMS			10					RATE	T	FEE	1	RATE	FEE	
FOR .			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 3	85.00	OR	Basic Fee	770.00	
TOTAL CHARGEABLE CLAIMS			(O minus 20=		•			X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 =		•	•		X43=			OR	X86*		
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145:			OR	+290=	·	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA			OR	TOTAL	770		
. /// CLAIMS AS AMENDED - PART II											•	OTHER	THAN	
۲	1196	(Column 1)	(Column 2) (C			(Column 3)	Column 3)			SMALL ENTITY		SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUME PREVIO	BER	PRESENT EXTRA		RATE	TI	DDI- ONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.28	Minus	-8	ク	-8		X\$ 9=	T		OR	X\$18=	40.00	
	Independent	1. 2	Minus	<u> </u>	01.404	•		X43=	T		OR	X86=		
نيا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	T		OR	+290=		
	13/-13-06						L	TOTA			OR	TOTAL ADDIT, FEE	Yon w	
	(()	(Column 1)		(Coluir	າກ 2)	(Column 3)	•	OUN. FE	-		•	ODI. FEET		
AMENOMENT B		CLAIMS REMAINING		HIGHE	ST	PRESENT	lr		A	DDI-	ſ		ADDI-	
		AFTER AMENDMENT		PREVIO	USLY	EXTRA		RATE		ONAL EE		RATE	TIONAL	
	Total	· 2/2	Minus	••	<u>X</u>	=D		X\$ 9=			OR	X\$18=		
	independent	NTATION OF MIL	Minus	CAUDENT.	5	2		X43=	1		OR	X86≈		
Ш	PINOT PRESE	ITIANOIT OF AIC	CTIPLE DEF	ENDER	CCAINI		'	+145=	T		OR	+290=		
TOTAL											DR .	TOTAL	-	
		A	DDIT. FEI	E —	· · · · · · ·	••• A	JODIT. FEEL							
	`	(Column 1) CLAIMS		(Colum	ST	(Column 3)			I AF	201	r	,	400	
MEN		REMAINING AFTER AMENDMENT		PREVIO	JSLY	PRESENT EXTRA		RATE	πο	DDI- NAL		RATE	ADDI- TIONAL	
	Total		Minus	PAID F	Ų K	6	ŀ	X\$ 9=	F	EE_	}	X\$18=	FEE	
	Independent	•	Mirrus	***			ŀ		╀	—	OR			
	FIRST PRESE	NTATION OF MU	LTIPLE DEF		CLAIM		L	X43=	<u> </u>		OR	X86=		
											+290=			
#	the Highest Nur	nber Previously Pal	d For in THE	S SPACE IS I	acs than	20. enter *20.*	. im	TÓTAL			OR .	TOTAL DOIT, FEE		
	the Highest Nu	mber Previously Pa ber Previously Paid	id For IN THE	S SPACE is	less than	3. enter '3.	_				. ~			

FORM PTO-875 (Rev. 10/03)

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